

REQUEST FOR A COST SHARING WAIVER

_____ hereby requests a waiver of the requirements to
(Area Agency on Aging)

implement cost sharing within the following area:

(identify planning and service area or applicable county/counties)

for the following permitted service:

[] Respite Care

1. Identify the reason for the waiver:

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a. A significant proportion of persons receiving services under this Act subject to cost sharing in the Planning and Service Area have incomes below the threshold established in the Division of Aging and Adult Services policy.

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b. Cost sharing would be an unreasonable administrative or financial burden.

2. Describe the rationale for the identified reason:

Signature and Title of Authorized Official

Date